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APPLICANTS

Jean-Marie Freyssinet, Strasbourg, FRANCE;
 Benedicte Antoni, Strasbourg, FRANCE;
 Frederic Donie, Penzberg, GERMANY;
 Helmut Lill, Wielenbach, GERMANY;

**** CONTINUING DATA *******

This application is a CON of 08/750,776 12/19/1996 ABN
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**** FOREIGN APPLICATIONS *******

EUROPEAN PATENT OFFICE (EPO) 94111514.9 07/23/1994

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****

** 07/31/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	FRANCE	11	28	4
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

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TITLE

METHOD FOR THE DETERMINATION OF THE PRETHROMBOTIC STATE

FILING FEE RECEIVED 912	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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